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| HDSS Bulletin |
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# Global updates

## Reporting sex at birth and gender from 1 July 2024

A reminder that from 1 July 2024 Victorian health services (public and private) will be required to collect and report on a patient's ‘gender’ as well as their ‘sex at birth’.

We rely on health services to ensure that this change is effectively implemented. This includes ensuring the software vendor is developing to the specifications, local hospital policy and procedures are updated, and ensuring that staff understand how to collect and record this information in an effective and inclusive way.

While software updates may take longer to implement in some downstream systems, it is expected that gender and sex at birth will be recorded for all patients in the PAS from 1 July 2024, for health services to comply with these new reporting requirements.

To assist implementation, the department, working with health services and the trans and gender diverse community, has developed the [Guidance note: Inclusive collection and reporting of sex and gender data](https://www.health.vic.gov.au/publications/inclusive-collection-and-reporting-of-sex-and-gender-data) https://www.health.vic.gov.au/publications/inclusive-collection-and-reporting-of-sex-and-gender-data > which was released in November 2023. We encourage you to read, share and consider application of this guidance within your service. For more information about the guidance, please contact [diversity@health.vic.gov.au](mailto:diversity@health.vic.gov.au).

Thank you for your attention to this matter, which over time will enable the department to build a better evidence base of LGBTIQA+ communities’ health service access, experience and outcomes, so that we can deliver services, programmes and policies that meet the needs of all Victorians.

## Format change to NDIS participant identifier numbers

The Data Collections unit has recently been informed that the National Disability Insurance Agency has changed the format of the NDIS participant identifier number.

Starting from 1 July 2024, VAED, VEMD, and VINAH systems will be modified to accept NDIS participant identifier numbers that start with any number, rather than just 43. The 2024-25 manuals will be updated to reflect this change.

The 2024-25 specifications will not be republished to reflect this change.

# Agency Information Management System (AIMS)

## A2 Specialised Services Indicators for 2023-24

The AIMS A2 Specialised Services Indicators data collection for 2023-24 has been released and is available for completion in HealthCollect. This data collection reports the specialised services provided at each hospital campus during June each year. Reporting is mandatory for each campus of public and denominational hospitals and small rural health services, and **must be completed by 14 July 2024**.

The A2 form for 2023-24 is pre-populated with the data reported for the campus in the A2 form for 2022-23. Health services must review the data in the A2 form for 2023-24, amend as required to reflect the services provided at the campus in June 2024 (add new services added since June 2023, or remove services that have ceased since June 2023). Submit the updated form by checking the ‘Completed’ box. Ensure the message indicating ‘Data successfully submitted to the Department’ appears beside the ‘Completed’ box.

To find the A2 form for 2023-24 in the AIMS Selector, select Year 2023-24, the campus name (CA suffix), and the A2 form in the Collection window. Remember that the Year selector will change to 2024-25 from 1 July.

Details are provided in the [AIMS manual](https://www.health.vic.gov.au/data-reporting/agency-information-management-system-aims) < https://www.health.vic.gov.au/data-reporting/agency-information-management-system-aims >.

## Reporting ‘Carer-only’ or ‘Patient not present’ contacts to AIMS S10 Acute Non-Admitted Clinic Activity and S11 Sub-Acute Non-Admitted Activity data collections

Changes to service event derivation rules for acute and sub-acute non-admitted service events implemented in February 2024 and applied retrospectively for 2023-24 are reflected in NWAU reports developed using data reported to the Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS).

While no change has been required to the VINAH MDS to effect this change to NWAU derivation, the AIMS manual indicates that the patient must be present for service events to be reported to the AIMS S10 Acute Non-Admitted Clinic Activity and S11 Sub-Acute Non-Admitted Activity forms.

The next edition of the AIMS manual, for 2024-25, will reflect this change to endorse reporting to the AIMS S10 and S11 data collections of service events attended by the ‘carer only’ or at which the ‘patient is not present’. Accordingly, this activity should be reported to AIMS S10 and S11 data collections for 2024-25.

For the 2023-24 financial year, health services may choose, but are not required, to update their AIMS S10 and/or AIMS S11 data to include service events at which the patient is not present or carer only is present.

## Reporting Subcutaneous Immunoglobulin (SCIg) infusion therapy, home delivered from 1 July 2024

Health services that receive funding to provide consumables to support Subcutaneous Immunoglobulin (SCIg) self-administered by patients must commence reporting active episodes on the AIMS S12: Self-administered Non-admitted Services data collection, commencing from 1 July 2024. The SCIg program will be assigned to the AIMS S12 form of the main acute campus of multi-campus participating health services or to specific campuses if more than one is involved. Health services dispensing via their pharmacy but providing no other consumables do not report that activity.

Funding and reporting guidelines will be available and published soon.

# Victorian Admitted Episode Dataset (VAED)

## Elective surgery blitz codes

Health services should not report the following elective surgery blitz codes for separations after 30 June 2024:

* Funding Arrangement = B Elective Surgery Blitz
* Program Identifier = 13 Elective Surgery Blitz

These codes were introduced to flag additional elective/planned surgery activity funded between 2020-21 and 2023-24 for public health services post-COVID. This funding has now ceased.

Admitted activity performed under a contract between a public health service and a private hospital/DPC/public hospital must be reported to the VAED according to the usual reporting arrangements for contracted services outlined in Section 4 of the VAED manual.

## VAED ICD-10-AM/ACHI library file for 2024-25

The VAED library file for 2024-25 is expected to be available in early July. Sites will be advised when the VAED library file becomes available.

## VAED criteria for reporting 2024-25

There are no material changes to the document for 2024-25. Dates have been updated and new sites added to the list of Early Parenting Centres. The 2024-25 document will be published on the HDSS website shortly.

## Proceduralist ID reporting 2024-25

Proceduralist ID is required to be reported for all admitted episodes of care where the first coded procedure is one identified in the ICD-10-AM/ACHI Library file as requiring the procedure start date time, and episodes where Procedure Start Date Time is reported.

Currently, if a procedure is performed under contract at another hospital, both the purchasing hospital (Hospital A) and the hospital providing the service (Hospital B) are required to report Proceduralist ID. From 1 July 2024, for contract care episodes, reporting of Proceduralist ID will be optional for the purchasing hospital (Hospital A) and will remain mandatory for the hospital providing the service (Hospital B).

# Victorian Emergency Minimum Dataset (VEMD)

## VEMD consolidation FY2023-24

Data for the 2023-24 financial year must be submitted by 10 July 2024.

Final corrections to 2023-24 data must be submitted before final consolidation of the VEMD on 27 July 2024 and cannot be submitted in a 2024-25 file.

Data from 2023–24 and 2024-25 financial years will be processed concurrently until 27 July 2024.

Reminder that for 2024-25 the version of the VEMD is updated to ‘29’ therefore code ‘9’ will be used in the file naming convention (5th character). For example, the first file for July 2024 data will be named ‘5000907a.txt’.

## Amendment to departure status code T2

From 1 July 2024 a primary diagnosis must be assigned for Departure Status T2 *Left at own risk after consultation started* virtual ED presentations. Consequently, the following amendments have been applied to validation E260 and the business rules for Primary Diagnosis.

**E260    Primary Diagnosis Blank (amend)**

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| Effect | REJECTION |
| Problem | The Primary Diagnosis has not been specified in this record. |
| Remedy | Check Departure Status.  If Departure Status does not equal:  10 – Left after clinical advice regarding treatment options  11 – Left at own risk, without treatment  30 – Left after clinical advice regarding treatment – Co-Located GP Clinic or PPCC  T1 – Left at own risk without consultation  ~~T2 – Left at own risk after consultation started~~ Then allocate an appropriate Primary Diagnosis.  Primary Diagnosis is optional for Departure Status 10, 11, 30, T1~~,T2~~  If the Departure Status is 31 – Mental Health and AOD Short Stay Unit and the patient has been treated by a clinician, then a Primary Diagnosis must be recorded.  Alternatively, correct the Departure Status and resubmit the record.  *[No further changes to item]* |

**Primary Diagnosis (amend)**

A Primary Diagnosis is MANDATORY unless Departure Status equals:

* 30 – Left after clinical advice regarding treatment options – GP Co-located clinic or PPCC (Primary Diagnosis optional)
* 10 – Left after clinical advice regarding treatment options (Primary Diagnosis optional)
* 11 – Left at own risk, without treatment (Primary Diagnosis must be blank)
* 31 – Mental Health and AOD Short Stay Unit (Primary Diagnosis mandatory if the patient was treated prior to discharge)
* T1 – Left at own risk without consultation (Primary Diagnosis must be blank)~~, or~~
* ~~T2 – Left at own risk after consultation started (Primary Diagnosis optional).~~

*[No further changes to item]*

Validations and Business Rules are in Section 6 and Section 4 of the VEMD manual respectively.

# Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS)

## Addendum to VINAH MDS specifications for 2024-25

An addendum to the VINAH MDS specifications will be published shortly outlining a new program/stream for reporting of Subcutaneous immunoglobulin (SCIg) infusion therapy self-administered by the patient or carer in their home. This reporting will be optional from 1 July 2024 and mandatory from 1 January 2025.

Contacts

The Data Collections unit manages several Victorian health data collections including:

* Victorian Admitted Episodes Dataset (VAED)
* Victorian Emergency Minimum Dataset (VEMD)
* Elective Surgery Information System (ESIS)
* Agency Information Management System (AIMS)
* Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH)

The HDSS Bulletin is produced at intervals to provide:

* answers to common questions recently directed to the HDSS help desk
* communication regarding the implementation of revisions to data collection specifications, including notification of amendments to specified data collection reference tables
* feedback on selected data quality studies undertaken
* information on upcoming events

**Website**

[HDSS website](https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems) <https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems>

**HDSS help desk**

Enquiries regarding data collections and requests for standard reconciliation reports

[Email HDSS help desk](mailto:HDSS.Helpdesk@health.vic.gov.au) <HDSS.helpdesk@health.vic.gov.au>

**Other Victorian health data requests**

[VAHI Data Request Hub](https://vahi.freshdesk.com/support/home) < https://vahi.freshdesk.com/support/home>

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